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THE GREAT BRAIN ROBBERY

by Michelle Hibler

Between 1961 and 1972 the developing countries gave the USA, Canada and the UK close to $US 44 billion, according to UNCTAD (United Nations Conference on Trade and Development). It came in the form of some 231,000 skilled migrants added to their labour pools.

Total official development assistance from the three industrialized countries amounted to $46 billion during the same period.

The immigration of skilled workers saves the host country the cost of educating its own workers. The best documented example is the brain drain, or what UNCTAD calls the "reverse transfer of technology". A recent World Health Organization (WHO) multinational study of nurse and physician migration shows, for instance, that in the early 1970s, 140,000 physicians were working outside their home countries. In Canada, more than 30 percent of all physicians are foreign medical graduates. WHO estimates the amount spent on training migrant Filipino doctors at $100 million, or twice the annual health budget of the Philippines. The loss to India is estimated at $144 million.

Because of the volume involved — estimates ranges from 12 to 20 million workers abroad — the migration of workers has become a central feature of

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global economic realities during the past two decades. Some countries are now exporting up to a third of their labour force. In some receiving countries, more than half the work force is made up of migrants.

According to Sergio Diaz-Briquets, programme director with the Population Reference Bureau in Washington, the causes of international migration are the same as those prompting migration from the rural to urban areas of the Third World — lack of land, wage and employment gaps, and population pressures — made all the more obvious by easy travel and communication. It is a case of "modernization without development", he says.

Diaz-Briquets was formerly a programme officer with the International Development Research Centre (IDRC), a Canadian organization that is also concerned with the effects of international migrations. Yue-Man Yeung, the Centre's senior programme officer for demographic research, says international labour flows have become "a major concern" in both sending and receiving countries. "Yet very few studies have so far been undertaken to assess and analyse systematically what the effects of such labour movements in fact are," he adds.

In the Philippines IDRC is supporting a study of the impact of the recent exodus of Filipino men to work on contract in the Middle East. Carried out by the Institute of Labor and Manpower Studies, the year-long study will examine the effects on individual workers, their families, and their home communities. The Caribbean area has historically suffered from a high level of emigration of skilled workers and professionals. Here IDRC is supporting studies in Barbados, Guyana and Surinam to analyse the causes and consequences of these long-term trends.

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There can be little doubt that individual migrants benefit materially from their move. Emigration has also been viewed as a blessing for the exporting country, as it can serve to lessen the unemployment problem while bringing in foreign exchange in the form of remittances sent home by migrant workers.

In 1975, remittances to developing countries reached some $8 billion. The funds are essential to some families' survival: Mexicans working in the USA, for example, each support an average of 5.4 dependents by repatriating 30 percent of their earnings. Remittances have also become a crucial part of national budgets and, according to the Worldwatch Institute, grew much faster in the 1970s than any other element of the GNP of labour-exporting countries.

Dependency on remittances can leave labour-exporting countries in an extremely vulnerable position. As the demand for their workers drops, they face higher domestic unemployment combined with a diminishing source of foreign exchange.

There can be little doubt about who profits most from labour migration, apart from individual migrants: the receiving countries. The ability to import temporary workers means that a country has, in effect, a reserve supply of labour. This contributes to increasing the flexibility of the economy to respond to shifts in demand, and also itself generates a demand for goods and services.

Other benefits accrue in times of economic recession as migrant workers on temporary visas and work permits can be repatriated. In Western Europe, temporary migration has long been the rule. In the mid-1970s, some 1.2 million workers returned home and new entries were sharply reduced. This ability to export unemployment to less developed countries helped many European nations offset the effects of recession by keeping domestic unemployment at lower levels. Seasonal migration is also increasing in Canada and the USA, mainly to serve agriculture.

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If immigration is advantageous to the host country, it is not without costs, mainly social costs. Some argue that the influx of skilled workers discriminates against host country citizens as inadequacies in training facilities are perpetuated. A reduction of "imports" would mean that more local workers would need to be trained, opening up avenues to people who otherwise are deprived of opportunity. These people are traditionally low income groups, minorities, and women.

The presence of less-skilled migrants at the low end of the wage scale can also prevent wages from rising as rapidly as they otherwise would, thus causing hardships for nationals who can't leave such jobs. Social tensions can be aggravated, particularly at times of slow economic growth, as competition for jobs, housing, and services is heightened.

According to WHO and other agency demographers, both receiving and sending countries must share the responsibility for the volume of migration. In the case of developing country nurses and physicians, WHO says that developing countries graduate far more physicians than they can afford to employ. The industrialized countries, for their part, train insufficient numbers, mainly "as a result of restrictive practices of the medical profession."

Moreover, says the study, as medical curricula in developing countries are based largely on standards of the Western world, medical schools confer a degree that is "tantamount to an international passport."

The same misdirection of training and skills formation and the resulting inability to absorb those skills, is seen as responsible for the migration of a host of other professionals. The Third Malaysia Plan for example, projects that the supply of "non-technical" graduates from colleges and universities will exceed demand by 41 percent this year, while a shortfall of 43 percent is expected in the supply of business and accountancy diploma holders.

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In the case of the brain-drain — in reality a money drain — the primary responsibility will have to be borne by the developing countries. The WHO study recommends a number of measures than can be taken to help manage the flows. They include better planning, matching of education and training programs to national priorities, developing management capabilities, and creating networks of institutions to facilitate technical cooperation.

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